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IFW #



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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

50

Application Number

10/614,404-Conf. #7464

Filing Date

July 3, 2003

First Named Inventor

David F. KRONHOLM

Art Unit

1754

Examiner Name

R. M. Stadler

Attorney Docket Number

0286638.00121US2

## ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☒ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):PTO Form SB08/a/b (1 page)  
International Search Report (3 pages)  
Return Receipt Postcard

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

WILMER CUTLER PICKERING HALE AND DORR LLP

Signature

Printed name

Yung-Hoon Ha

Date

April 9, 2007

Reg. No.

56,368

Express Mail Label No. EV 901257529 US Dated: April 9, 2007



<b>FEE TRANSMITTAL</b> <b>For FY 2007</b>  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	10/614,404-Conf. #7464	
		Filing Date	July 3, 2003	
		First Named Inventor	David F. KRONHOLM	
		Examiner Name	R. M. Stadler	
TOTAL AMOUNT OF PAYMENT (\$)		240.00	Attorney Docket No.	0286638.00121US2

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 08-0219
Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>							
<b>Extra Claims</b>							
<b>Fee (\$)</b>							
<b>Fee Paid (\$)</b>							
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>							
<b>Extra Claims</b>							
<b>Fee (\$)</b>							
<b>Fee Paid (\$)</b>							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
- 100 =		/50	(round up to a whole number) x		=		
<b>4. OTHER FEE(S)</b>							
							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00
1806 Submission of an Information Disclosure Statement							180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	56,368
Name (Print/Type)	Yung-Hoon Ha	Telephone	(617) 526-6000
		Date	April 9, 2007

Express Mail Label No. EV 901257529 US	Dated: April 9, 2007
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